

MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY  
**RADIONUCLIDE REPORT (FORM #6.2)**

R

**I. PWS INFORMATION:**

1. PWS ID# 1 1 9 1 0 0 0 2. City/Town: Monson  
 3. PWS Name: Monson Water & Sewer Dept 4. PWS Class (circle one): COM, NTNC, NC  
 5. DEP Source Code/Location ID 1191000-10009 6. Sample Location Bunyan Road Wells Combined 7. Date Collected 5/2/06 8. Collected by Jalbert  
 9. Routine ☒ Special ☐ (explain below)  
 Notes: \_\_\_\_\_

**II. LABORATORY ANALYTICAL INFORMATION**

Lab Name: STL WESTFIELD Lab Cert. #: MA-014  
 Subcontracted? (Y,N) Y Lab Sample ID#: 360-3081-1  
 Sub. Lab Name: Hazen Research, Inc. Sub. Lab Cert. #: CO00008  
 Sample Preservative Used, If Any: \_\_\_\_\_  
 Composite? (Y/N) N If Y, list the dates of the composited samples: \_\_\_\_\_

Notes: \_\_\_\_\_

	Result (pCi/L)	MCL	Detection Limit (pCi/L)	Analytical Method	Date Analyzed
Gross Alpha Activity	0.4(+/-1.2)	15 pCi/L	1.1	900.0	5/18/06
Radium - 226*		5 pCi/L			
Radium - 228*	0.7(+/-0.7)		0.6	EPA ra-05	5/31/06
Radon **		----			
<u>AND</u> for surface water systems serving >100,000 persons:					
Beta Particle Activity		4 mrem/yr			
Uranium		----			

\* A gross alpha particle measurement may be substituted for the radium - 226, 228 analysis if the gross alpha is less than 5pCi per liter (95% confidence level).

\*\* Radon testing is optional unless specifically required by DEP.

NOTE: If gross alpha activity exceeds 15 pCi/L, uranium must also be measured. If gross beta particle exceeds 50 pCi/L, analysis of the sample shall be performed to identify the major radioactive constituents including strontium - 89, cesium - 134, iodine - 131, and uranium.

Laboratory Director Signature and Date

*Joseph A. Clough for Scott Harbarn* 6/12/06

Attention:

Mail TWO copies of this report to your **DEP Regional Office** within 30 days of receipt of results and no later than 10 days after the end of the reporting period.

1. Unless you are specifically instructed to do otherwise by your regional office, radionuclide sampling is to be performed at a DEP approved location representative of the ultimate user in the distribution system.

FOR DEP/DWS USE ONLY: PLEASE INITIAL & DATE AS COMPLETED

Accepted:	Disapproved:	Data Entered into WQTS:
Comments:		